

22

Date Stamp

CALIFORNIA 460  
FORMPage 1 of 21

For Official Use Only

**Date of election if applicable:**  
(Month, Day, Year)

11/06/2018

Statement covers period

09/23/2018

through  
10/20/2018

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4

- ☒ **Officerholder, Candidate Controlled Committee**
- ☐ **State Candidate Election Committee**
- ☐ **Recall**
- (Also Complete Part 5)*
- ☐ **General Purpose Committee**
- ☐ **Sponsored**
- ☐ **Small Contributor Committee**
- ☐ **Political Party/Central Committee**
- ☐ **Primarily Formed Ballot Measure Committee**
- ☐ **Controlled**
- ☐ **Sponsored**
- (Also Complete Part 6)*
- ☐ **Primarily Formed Candidate/Officerholder Committee**
- (Also Complete Part 7)*

### 3. Committee Information

I.D. NUMBER  
1407086

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**Gloria Soto for Santa Maria City Council District 3 2018**

STREET ADDRESS (NO P.O. BOX)

818 Dante Drive

CITY

CODE/PHONE  
Santa Maria, CA 93458

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO Box 5252

CITY

CODE/PHONE  
Santa Maria CA 93456

OPTIONAL: FAX / E-MAIL ADDRESS

monica@cicsb.com

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/25/2019

DATE \_\_\_\_\_

Executed on 01/25/2019

DATE \_\_\_\_\_

Executed on

DATE \_\_\_\_\_

Executed on \_\_\_\_\_

DATE \_\_\_\_\_

Monica Intaglietta

Signature of Treasurer or Assistant Treasurer

Gloria Soto

Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]  
Signature of Controlling Officerholder: Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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Recipient Committee  
Campaign Statement  
Cover Page - Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member	City of Santa Maria	3	STATE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)			
818 W Dante Drive	Santa Maria, CA	93458	ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS			
STREET ADDRESS (NO P.O. BOX)			
CITY CODE/PHONE	STATE	ZIP CODE	AREA
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS			
STREET ADDRESS (NO P.O. BOX)			
CITY CODE/PHONE	STATE	ZIP CODE	AREA

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Campaign Disclosure Statement  
Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

Statement covers period

from 09/23/2018

through 10/20/2018

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I.D. NUMBER

1407086

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 15,230.00	\$ 32,384.00
2. Loans Received .....	Schedule B, Line 3 .00	500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 15,230.00	\$ 32,884.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 .00	.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 15,230.00	\$ 32,884.00

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ .00	\$ .00
21. Expenditures Made	\$ .00	\$ .00

Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 6,674.65	\$ 16,225.49
7. Loans Made .....	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 6,674.65	\$ 16,225.49
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 .00	.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 6,674.65	\$ 16,225.49

Expenditures Limit Summary for State  
Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election  
(mm/dd/yy)

Total to Date

Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 8,128.26
13. Cash Receipts .....	Column A, Line 3 above 15,230.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 .00
15. Cash Payments .....	Column A, Line 8 above 6,674.65
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 16,683.61
If this is a termination statement, Line 16 must be zero.	

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Line 2 \$ .00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ .00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 500.00

NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018		I.D. NUMBER 1407086
FORM	REFERENCE	NOTES
CA 460	Cover	

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 09/23/2018  
through 10/20/2018

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FORM

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/2018	Georgette Sims Molen 540 S. San Marcos Rd Santa Barbara, CA 93111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director First 5	100.00	100.00	
09/24/2018	Capitol Realty Investments 722 East Main Street #105 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
09/24/2018	Jill Dexter 901 Via Rosita Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	
09/26/2018	Democratic Women Of Santa Barbara County 901 Via Rosita Santa Barbara, CA 93110 ID: 743856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
10/02/2018	Katalina Navarro 12404 W Telegraph Rd Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Education and Community Planned Parenthood	100.00	100.00	

**SUBTOTAL \$ 3,800.00**

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA 460  
FORM**

Statement covers period

from 09/23/2018

through 10/20/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2018	Luis Felipe Hernandez 2250 Signal Ave Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner HBS & Income Tax	100.00	100.00	
10/05/2018	Ronald Faas 1850 E Clark Ave Santa Maria, CA 93455-7520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	100.00	100.00	
10/08/2018	Rosemary Remacle 1091 Dammi Court Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	
10/09/2018	Central Coast Labor Council 815 Camarillo Springs Road Camarillo, CA 93012 ID: 890222	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10/09/2018	SEIU Local 620 350 S Hope Ave Santa Barbara, CA 93105 ID: 881199	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	

**SUBTOTAL \$ 3,300.00**

FPPC Form 460 (Jan/2016)  
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		I.D. NUMBER <b>1407086</b>		Page <u>6</u> of <u>21</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/09/2018	United Domestic Workers of America Action Fund 555 Capitol Mall #400 Sacramento, CA 95814 ID: 1302384	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10/10/2018	Das Williams for Supervisor 1787 Tribute Road Sacramento, CA 95815 ID: 1376702	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/10/2018	James Kyriaco for Goleta City Council 226 East Canon Perdido Street #D Santa Barbara, CA 93101 ID: 1401816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	
10/10/2018	Ken Saxon 1857 E Las Tunas Rd Santa Barbara, CA 93103-1743	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leadership Development Leading From Within	250.00	750.00	
10/11/2018	Connie Ford 1812 Berkeley Way Santa Maria, CA 93454-1589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	250.00	250.00	

<b>SUBTOTAL \$</b>	<b>2,000.00</b>
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		I.D. NUMBER <b>1407086</b>		Page <u>7</u> of <u>21</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2018	Neal Rabin 1012 Monte Drive	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Founder Miramar Systems	250.00	250.00	
	Santa Barbara, CA 93110					
10/16/2018	James Diani 1320 Foxenwood Drive	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction A.J. Diani Construction Co	1,000.00	1,000.00	
	Santa Maria, CA 93455					
10/16/2018	IBEW PAC Educational Fund 900 7th Street Northwest	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
	Washington, DC 20001 ID: C00027342					
10/16/2018	Carolyn Randolph 425 Paso Robles Drive	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	
	Santa Barbara, CA 93108					
10/17/2018	Elva Chavez 156 Olive Street #7	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP of Health Center Operations Planned Parenthood	100.00	100.00	
	Summerland, CA 93067					

<b>SUBTOTAL \$</b>	<b>2,450.00</b>
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		Statement covers period from <b>09/23/2018</b> through <b>10/20/2018</b>		CALIFORNIA <b>460</b> FORM	Page <b>8</b> of <b>21</b>
				I.D. NUMBER <b>1407086</b>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2018	Franca Lockard 3681 Les Maisons Dr  Santa Maria, CA 93455-3016	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  Retired	100.00	100.00	
	Lawanda Lyons-Pruitt 1342 Leona Street  Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief investigator  SB County Public Defender	100.00	100.00	
10/17/2018	Katrina Rogers 4826 Via Los Santos  Santa Barbara, CA 93111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Fielding	500.00	500.00	
	Laborers Local 220 Political Action Committee 555 Capitol Mall #400  Sacramento, CA 95814  ID: 1237416	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/20/2018	Liang Akemy Bon Flores 165 North 5th Street #110  Port Hueneme, CA 93041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Coordinator  SEIU Local 721	100.00	100.00	

<b>SUBTOTAL \$</b>	<b>3,300.00</b>
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		I.D. NUMBER <b>1407086</b>		Page <u>9</u> of <u>21</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			.00	

## Schedule A Summary

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.)

----- \$ 14,850.00

2. Amount received this period - unitemized monetary contributions of less than \$100

----- \$ 380.00

3. Total monetary contributions received this period.

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 15,230.00

SUBTOTAL \$ .00

* Contributor Codes IND - Individual COM - Recipient Committee OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee
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# Schedule B - Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		<b>CALIFORNIA 460 FORM</b>	
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018

Gloria Soto for Santa Maria City Council District 3 2018					1407086			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gloria Soto 818 W/Dante Drive Santa Maria, CA 93458	Planned Parenthood			<input type="checkbox"/> PAID				CALENDAR YEAR
	Regional Development			\$ .00	\$ 500.00	0.00 %	\$ 500.00	\$ 500.00
				<input type="checkbox"/> FORGIVEN		RATE		PER ELECTION**
				\$ .00				
		\$ 500.00	\$ .00			\$ .00	07/20/2018	
					DATE DUE		DATE INCURRED	

☒ IND

☐ COM

☐ OTH

☐ PTV

☐ SCC

\* ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC

## Schedule B Summary

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.)  
\$ .00
- Loans paid or forgiven this period  
(Total Column (c) plus loans under \$100 paid or forgiven)  
(Include loans paid by a third party that are also itemized on Schedule A.)  
\$ .00
- Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2  
NET \$ .00  
(May be a negative number)

SUBTOTALS \$ .00 \$ 0.00 \$ 500.00 \$ .00

\* Amounts forgiven or paid by another party also must be reported on Schedule A  
\*\* If required.

(Enter (e) on  
Schedule E, Line 3)

FPPC Form 460 (Jan/2016)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

\* Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B - Part 2 Loans Received

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Gloria Soto for Santa Maria City Council District 3 2018**

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER   DATE		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

<b>SUBTOTAL \$</b>	Enter on Summary Page, Line 17 only.
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# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

**CALIFORNIA 460  
FORM**

Statement covers period  
from 09/23/2018  
through 10/20/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2018**

I.D. NUMBER

**1407086**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

## Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) - - - - - \$ .00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 - - - - - \$ .00

3. Total nonmonetary contributions received this period.

(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) - - - - - TOTAL \$ .00

**SUBTOTAL \$**

\* Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

# **Schedule D** **Summary of Expenditures** **Supporting/Opposing Other** **Candidates, Measures, and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		<b>CALIFORNIA 460</b> <b>FORM</b>
		Page <u>13</u> of <u>21</u>

NAME OF FILER  
**Gloria Soto for Santa Maria City Council District 3 2018**

I.D. NUMBER  
**1407086**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

## **SCHEDULE D SUMMARY**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	----- \$ -----	.00
2. Unitemized contributions and independent expenditures made this period of under \$100	----- \$ -----	.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	----- <b>TOTAL \$</b> -----	.00
<b>SUBTOTAL \$</b>		

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period		CALIFORNIA 460 FORM	
NAME OF FILER		from 09/23/2018		Page 14 of 21	
Gloria Soto for Santa Maria City Council District 3 2018		through 10/20/2018		I.D. NUMBER 1407086	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |                                                                   |                                               |                                                               |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                          | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                               | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                                 | PRO professional services (legal, accounting) | VOT voter registration                                        |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Emerald Wave Media 718 East Chapel Street Santa Maria, CA 93454	CVC			150.00
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC			30.21
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC			19.41
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC			116.92
SUBTOTAL \$				316.54

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		CALIFORNIA <b>460</b> FORM	
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		Page <u>15</u> of <u>21</u>		I.D. NUMBER <b>1407086</b>	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |                                                                   |                                               |                                                               |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                          | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                               | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                                 | PRO professional services (legal, accounting) | VOT voter registration                                        |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Way Of Northern SB County 1660 South Broadway #201 Santa Maria, CA 93454	CVC		200.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		100.00
First Data 5565 Glenridge Connector NE Suite 2000 Atlanta, GA 30342	OFC		203.22
Allan Hancock College 800 South College Drive H102 Santa Maria, CA 93454	LIT		374.53

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 877.75**



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u>		CALIFORNIA <b>460</b> FORM
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		through <u>10/20/2018</u>		
				Page <u>16</u> of <u>21</u>
				I.D. NUMBER <b>1407086</b>

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS			1,125.00
Mail Manager 5124 Ralston Street Ventura, CA 93003	LIT			612.91
American General Media 2325 Skyway Drive Suite J Santa Maria, CA 93455	TEL			1,200.00
Ktas Telemundo 330 Carmen Lane Santa Maria, CA 93458	TEL			1,200.00
<b>SUBTOTAL \$</b>				<b>4,137.91</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

## CALIFORNIA 460 FORM

Statement covers period

from 09/23/2018

through 10/20/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hustle, Inc 343 Sansome Street #600 San Francisco, CA 94104		Digital Advertising	566.50

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5,898.70
2. Unitemized payments made this period of under \$100	\$	775.95
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	6,674.65

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 566.50

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u>		CALIFORNIA <b>460</b> FORM
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		through <u>10/20/2018</u>		
				Page <u>18</u> of <u>21</u>
				I.D. NUMBER <b>1407086</b>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FIL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LIT campaign literature and mailings

MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHO phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads  
 RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON LE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

## SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ .00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ .00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ .00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$ \$ \$ \$ \$ \$**

**Schedule G**  
**Payments Made by an Agent or Independent**  
**Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>	<b>CALIFORNIA 460</b> <b>FORM</b>	Page <u>19</u> of <u>21</u>
NAME OF FILER <b>Gloria Soto for Santa Maria City Council District 3 2018</b>		I.D. NUMBER <b>1407086</b>		
NAME OF AGENT OR INDEPENDENT CONTRACTOR				

**CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.**

- |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CMP campaign paraphernalia/misc.<br>CNS campaign consultants<br>CTB contribution (explain nonmonetary)*<br>CVC civic donations<br>FIL candidate filing/ballot fees<br>FND fundraising events<br>IND independent expenditure supporting/opposing others (explain)*<br>LEG legal defense<br>LIT campaign literature and mailings | MBR member communications<br>MTG meetings and appearances<br>OFC office expenses<br>PET petition circulating<br>PHO phone banks<br>POL polling and survey research<br>POS postage, delivery and messenger services<br>PRO professional services (legal, accounting)<br>PRT print ads<br>RAD radio airtime and production costs<br>RFD returned contributions<br>SAL campaign workers' salaries<br>TEL t.v. or cable airtime and production costs<br>TRC candidate travel, lodging, and meals<br>TRS staff/spouse travel, lodging, and meals<br>TSF transfer between committees of the same candidate/sponsor<br>VOT voter registration<br>WEB information technology costs (internet, e-mail) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**TOTAL \* \$**

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule I  
Miscellaneous Increases to Cash

Amounts may be rounded  
to whole dollars.

SCHEDULE I

CALIFORNIA  
FORM 460

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Statement covers period  
from 09/23/2018  
through 10/20/2018

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

I.D. NUMBER

1407086

DATE  
RECEIVED

FULL NAME AND ADDRESS OF SOURCE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF RECEIPT

AMOUNT OF  
INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. \$ .00
2. Unitemized increases to cash of under \$100 this period. \$ .00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ .00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ .00

SUBTOTAL \$